	•	PLACTOR	E RTH	•		IA SIAI VITAL STATI	E BOAR ISTICS	State Index N	
	County	y of		ORIG	ORIGINAL CERTIFICATE OF BIRTH			Co. Registrar's No. 32.9	
ij,	Distric	et of	all.					Local Registrar'	s No
	Town or	of UU	auc		•	•	Çt.		Ward)
1	City o	f		(No.4	1	Welle	Relea		1 VEQ
"	FULL	NAME OF C	HILD HE	T <i>M A</i> I				r. Born	YES
	If chi	ld is not nam	ed, make S	upplemental R	eport on blank	7 I	n local registra	2	9
	Sex of	Mal	Twin, Triplet or other	and	Number in order of birth	Leiti-	Birth		Yr.
۱,		AI	FATHE	R	 =_= /	Full	MOTI	F T	
	Full Name	Kub	ed 1	Well	iacus	Maiden Name	essee 7	fuller	
14.71	Resid	ience	u'au			Residence	Mias		
12	Color		o.I	Age at last	3/	Color or Race	dit	Age at last Birthday	Years
ឆ្ន	or R	ace M	uto,	Birthday	Years	Birthplace	- 1	1.	1 cars
7	hplace Ky					Occupation - 1/2000 - miles			
6	apation Seeps.					House Mye			
	ે _ક ે= `ે.	A 1012 Salis West		Number of Children,	of this mother, now liv	ing Z We	re precautions taken ago	zinst Ophthalmia neo zatoru	
ŕ	A ATTECNION OF MIDWIFE*								
	I hereby certify that I attended the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the birth of the above child; and that it occurred of the land the land the birth of the above child; and that it occurred of the land the la								
į	I her	I hereby certify that I attended the birth of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and that I was the strength of the above emid and the above emid and the strength of the above emid and the strength							
;				householder				midwife, ho seho	lder.*
,	should make this return.								_
	C	Given or Chr	istian name	e added from a	-(/-	Addre		Brayl	
:	sup	plemental rej	port	191	Filedtun	4 191 9		LOGAL RE	GISTRAR.
		862	-602		File JUL.	A True 7: 1919	Copy (S	HYTHUOD C.	REGISTRAR.
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